

Levina J. Armstrong
Harr de Grace Harford

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Cecil Co.
Occupation	Housewife		Where Residing if not at place of death	Harr de Grace	
Married, Single or Widowed	Married	Name of Husband	Daniel M. Armstrong		
Father's Name	Owen Murphy		Father's Birthplace	Cecil Co.	
Mother's Maiden Name	Eliza Clayton		Mother's Birthplace	Talbot Co.	
Name of person giving Information	Mrs. Isaac Jones		How related to deceased	None	

175

CAUSES OF DEATH

Primary	Stomach Poisoning	Decomposed	Post (Shoulder)
Immediate	Ischaemia	12 hrs	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. Stein
		Address	202 Harr de Grace Maryland
Accident or Suicide?			



Name
in
Full

Olvie Benington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ludwig</u>		Town	County <u>Hopwood</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>11</u>	Age <u>33</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Pa</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Wm. J. Benington</u>				
Married, <u>Yes</u> <u>Widowed</u>	Name of Wife or Husband <u>Wm. J. Benington</u>	Father's Birthplace <u>Pa</u>			
Father's Name <u>Severis Kilgore</u>	Mother's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Ella Brubaker</u>	How related to deceased <u>Sister</u>				
Name of person giving information <u>Barbara A. Roberts</u>					

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary

Gunshot wound in the left breast, at

the hands of her husband.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

Coroner, T. A. Wheeler, Jr.
Delta P.O.

Accident or Suicide?

Murder

Name
in
Full

W. J. Bunnington

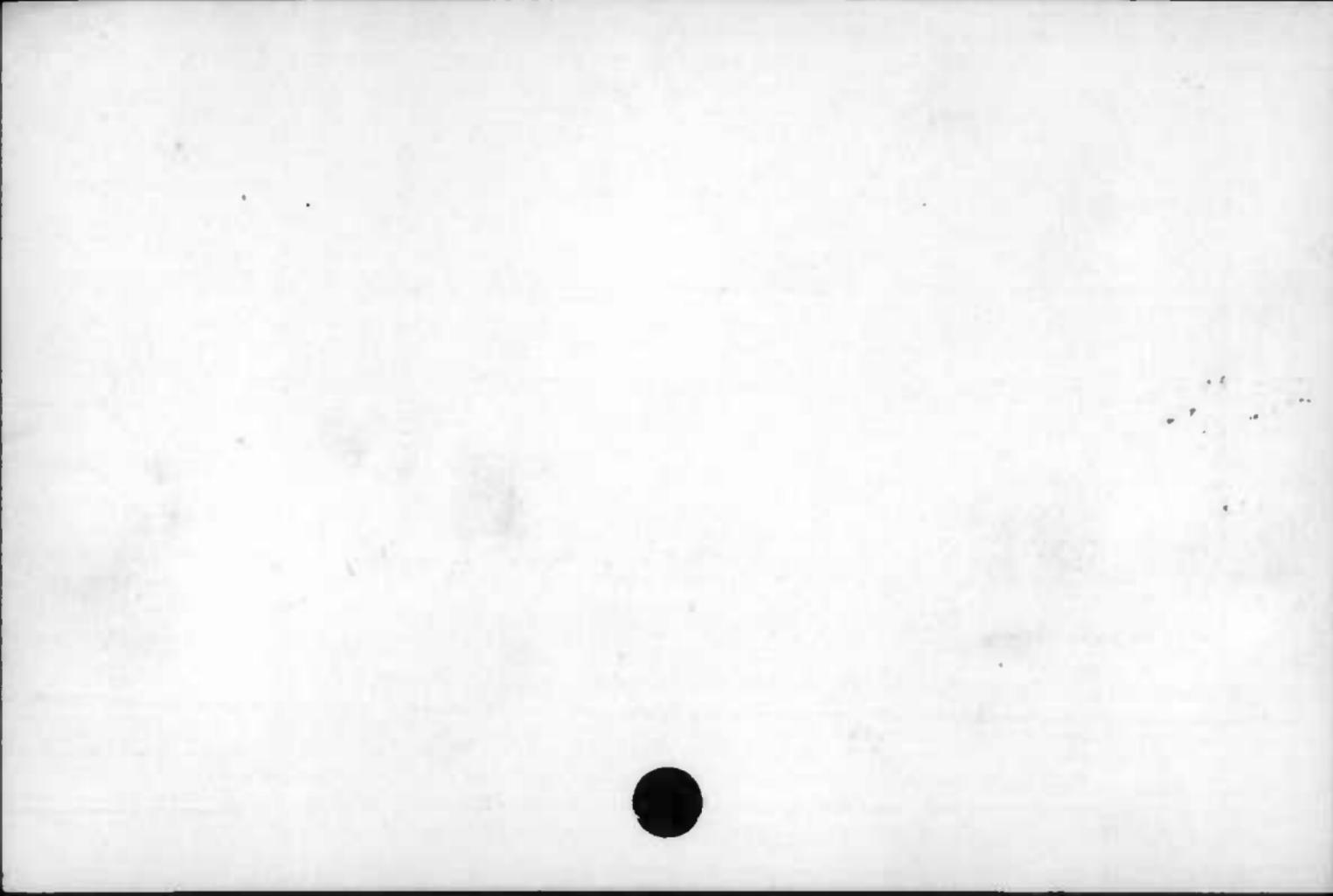
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1908	Month Oct	Day 11	Years 34	Months Days
Sex	Male	Color or Race	White	Birth-place	Pa
Occupation	Leyman				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Olvie Bunnington				
Mother's Maiden Name	Maggie Bulett				
Name of person giving information	Alva Bunnington				
CAUSES OF DEATH					
Primary	Gunshot wound in abdomen				
Immediate	in his own hands.				
How long					
How long					
159					

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Corney J. A. Wheeler Jr.
		Address	Salisbury P. O.
Accident or Suicide?	Suicide		



Name
in
Full

Robert Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at <u>Hammond's</u>		<u>Starford</u>			
Date of death	Month	Day	Years	Month	Days
190	<u>8 Oct</u>	<u>15</u>	<u>unknown</u>		
Sex	Male	Color or Race	White	Birth-place	<u>Don't know</u>
Occupation	<u>Labor</u>				
Married, Single or Widowed	Where Residing if not at place of death				
<u>Don't know</u>	<u>Starford County</u>				
Father's Name	<u>Don't know</u>				
Mother's Maiden Name	<u>Don't know</u>				
Name of person giving information	<u>Walter Smith</u>				
How related to deceased					
<u>more</u>					

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary

Farm death

How long

Immediate

Natural causes

How long

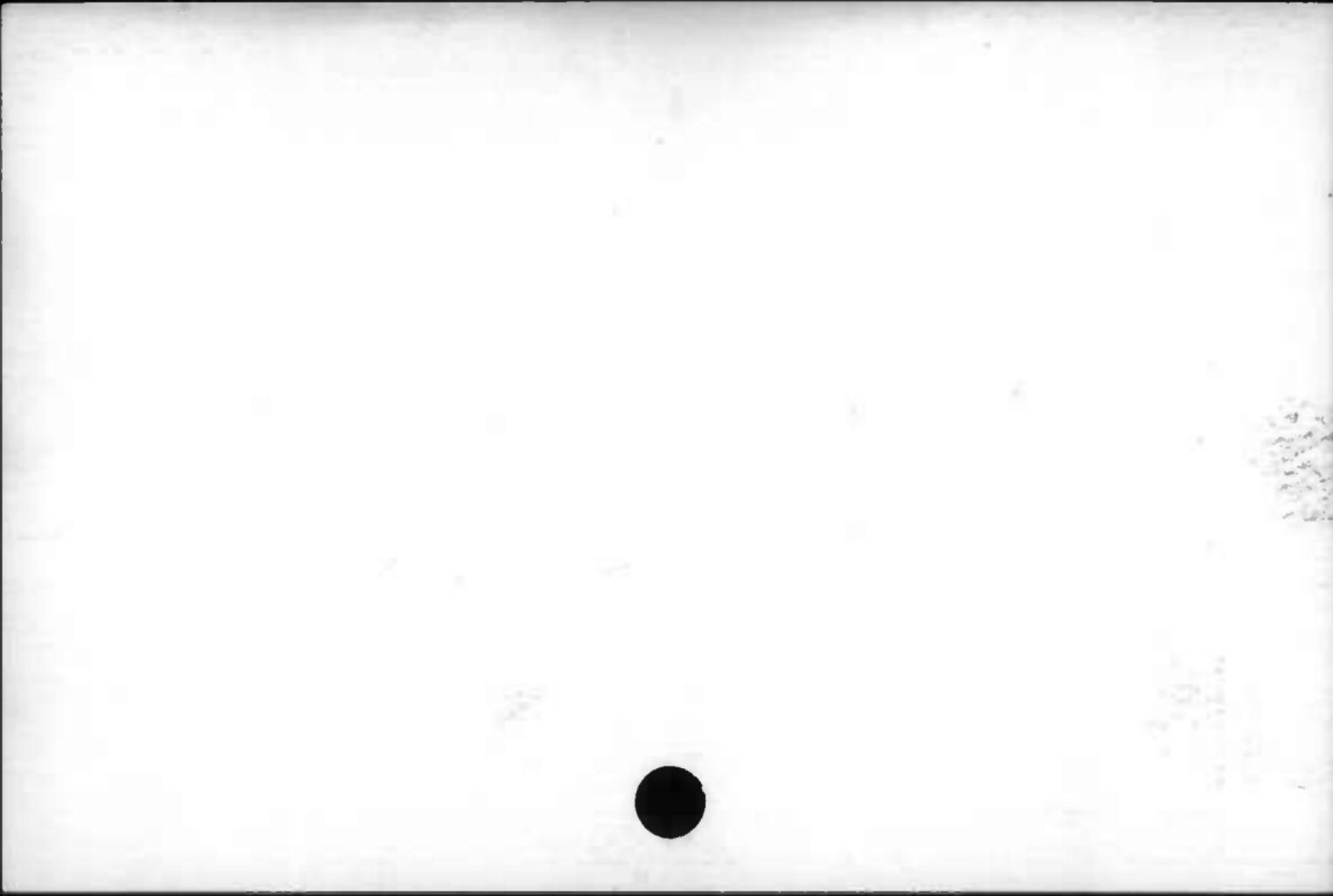
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank Wallingay
acting coroner
Hammond's Md

Accident or Suicide



Name
in
Full

Susan Rebecca Daugherty

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	Level	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white -	Birth-place	Maryland
Occupation	Housework		Where Residing if not at place of death	Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Daugherty		
Father's Name	John Singleton		Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Ann McElroy		Mother's Birthplace	Maryland	
Name of person giving information	Mrs Thomas Simpson		How related to deceased	Sister	

CAUSES OF DEATH

137

How long

PHYSICIAN
OR CORONER

Primary

Abortion

Immediate

Peritonitis - Septic infection 4 or 5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

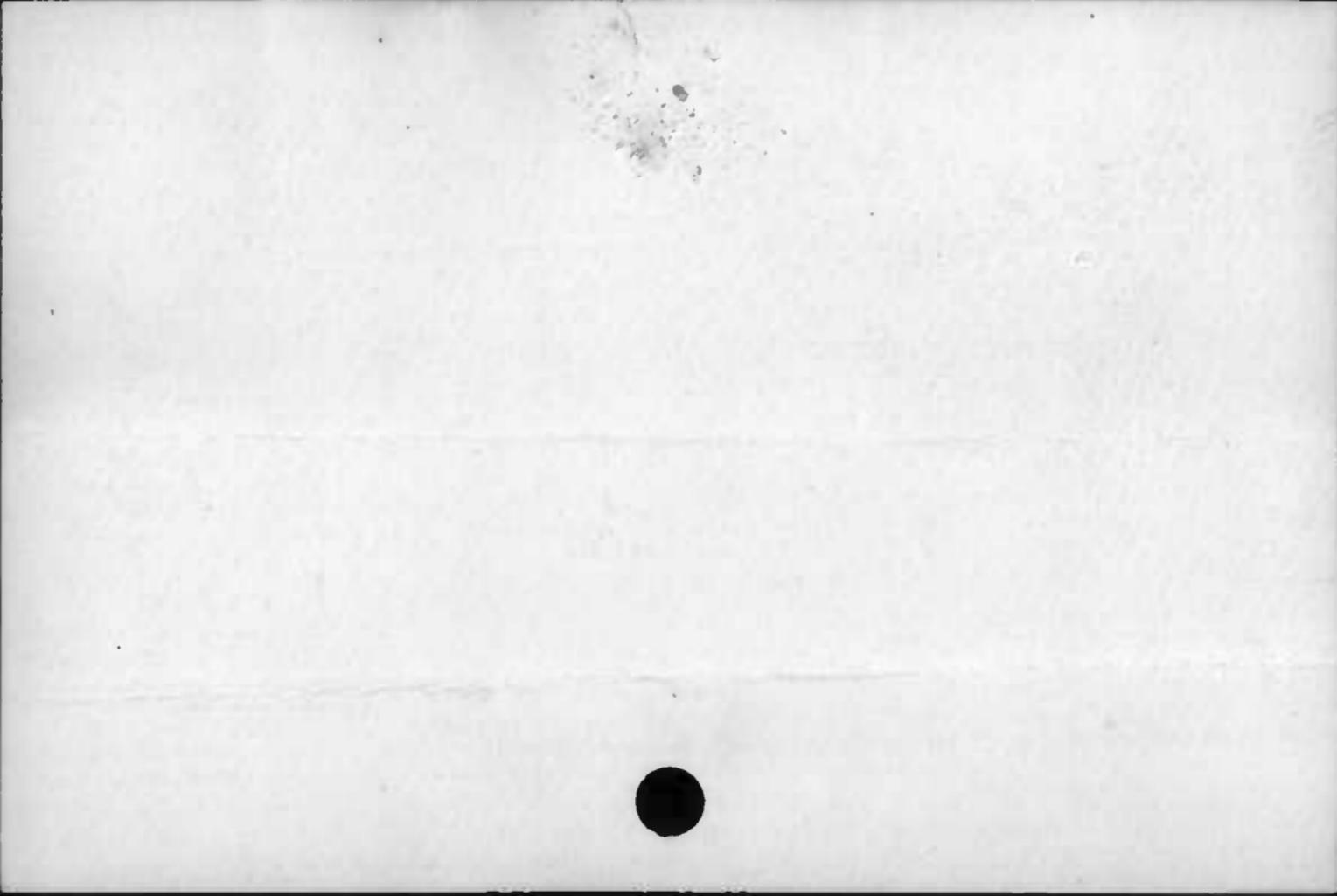
Signature of Physician

J. L. Hopkins

Address

Havre de Grace
Md

Accident or Suicide?



Name
in
FullTo BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Francis L. Esley						CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death	1908	Month Oct	Day 4	Age 80	Years	Months	Days
Sex	Female	Color or Race	White		Birth-place	Ind.	
Occupation	Housewife			Where Residing if not at place of death		Bel Air	
Married - Widowed	Name of Wife or Husband		Robert B. Esley		Father's Birthplace	Guland	
Father's Name	Charles Harvard				Mother's Birthplace	Ind.	
Mother's Maiden Name	Mary Brown				How related to deceased	Son	
Name of person giving information	Robert E. Esley				How long	Several years -	
	CAUSES OF DEATH				How long	5 days -	
Primary	Senile decay -						
Immediate	Oedema of brain & coma						



Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

A. F. van Dusen, M.D.

Address

Bel Air

Accident or Suicide?

No -

Holy Trinity

Name
in
Full

Grace Folker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Oct	Day 5	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place The Rocker.		
Occupation	Where Residing if not at place of death The Rocker					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles Folker					
Mother's Maiden Name	Brisa Grattair					
Name of person giving Information	Charles Crowl					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary
Enteritis

How long

1 day

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

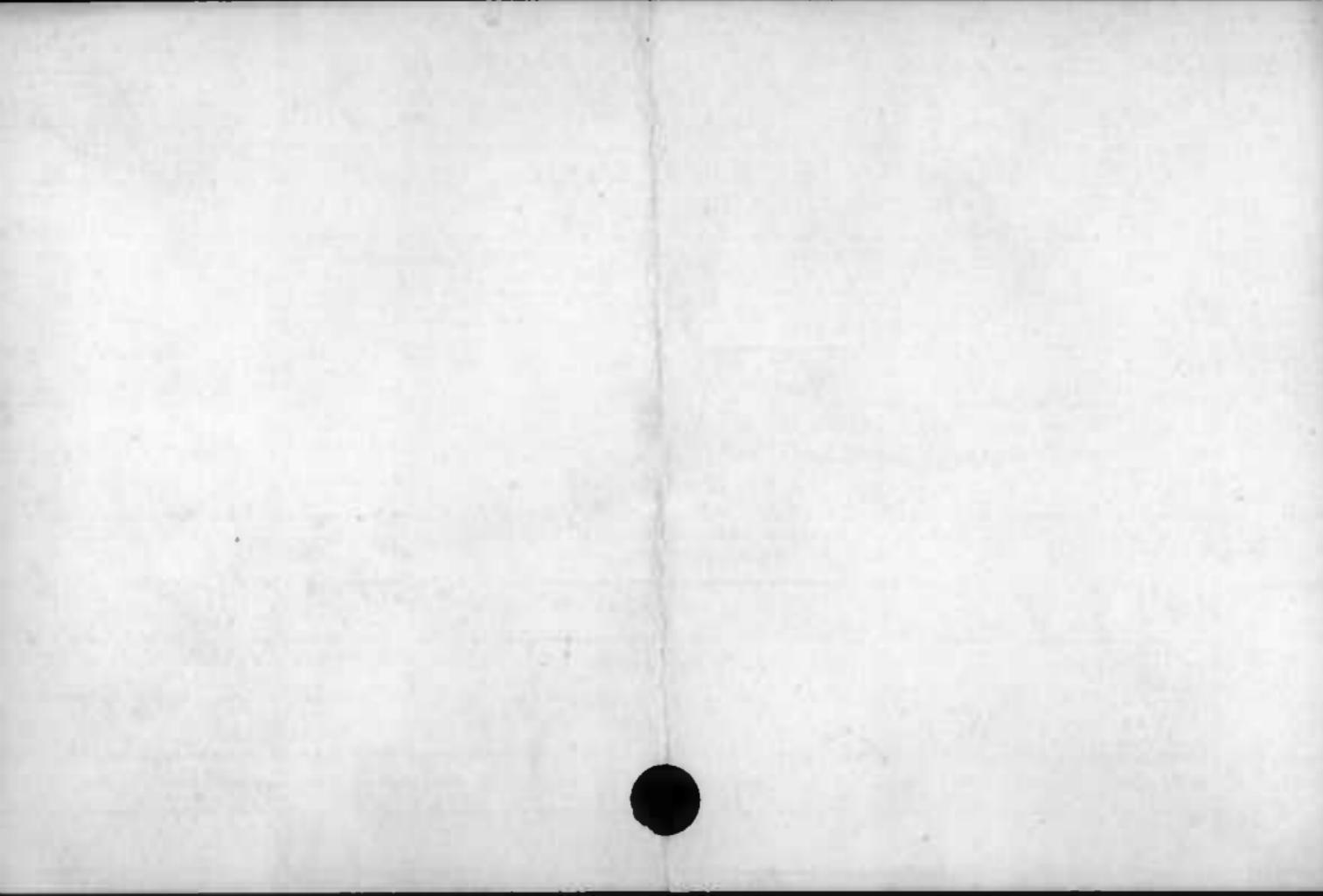
Signature of Physician

Address

Yes

Charles W. Hannous
Street
Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barreux</i>		Town	County <i>Hanover Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>16</i>	Years <i>Age 91</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth- place <i>Hanover Grace</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Barreux</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>John Brown</i>	Father's Name <i>John Brown</i>		Father's Birthplace <i>Hanover Co</i>		
Mother Maiden Name <i>Belafay Back</i>	Mother's Name <i>Belafay Back</i>		Mother's Birthplace <i>Don't Know</i>			
Name of person giving Information <i>Jarrett Ward</i>	How related to deceased <i>Sister</i>					

CAUSES OF DEATH

66

How long

about 3 weeks

PHYSICIAN
OR CORONER

Primary
Age

Immediate
Lesothosis

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

R. H. Smith

Address

None de Barreux

Accident or Suicide?

Name
in
Full

John Helgesen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Year	Days
1908	10	7	—
Sex	Color or Race	Age	39
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Norway	
Father's Name	Worberg Helgesen	Father's Birthplace	Norway
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	Charles Helgesen	How related to deceased	Brother

CAUSES OF DEATH

Primary

Accidental Drowning

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

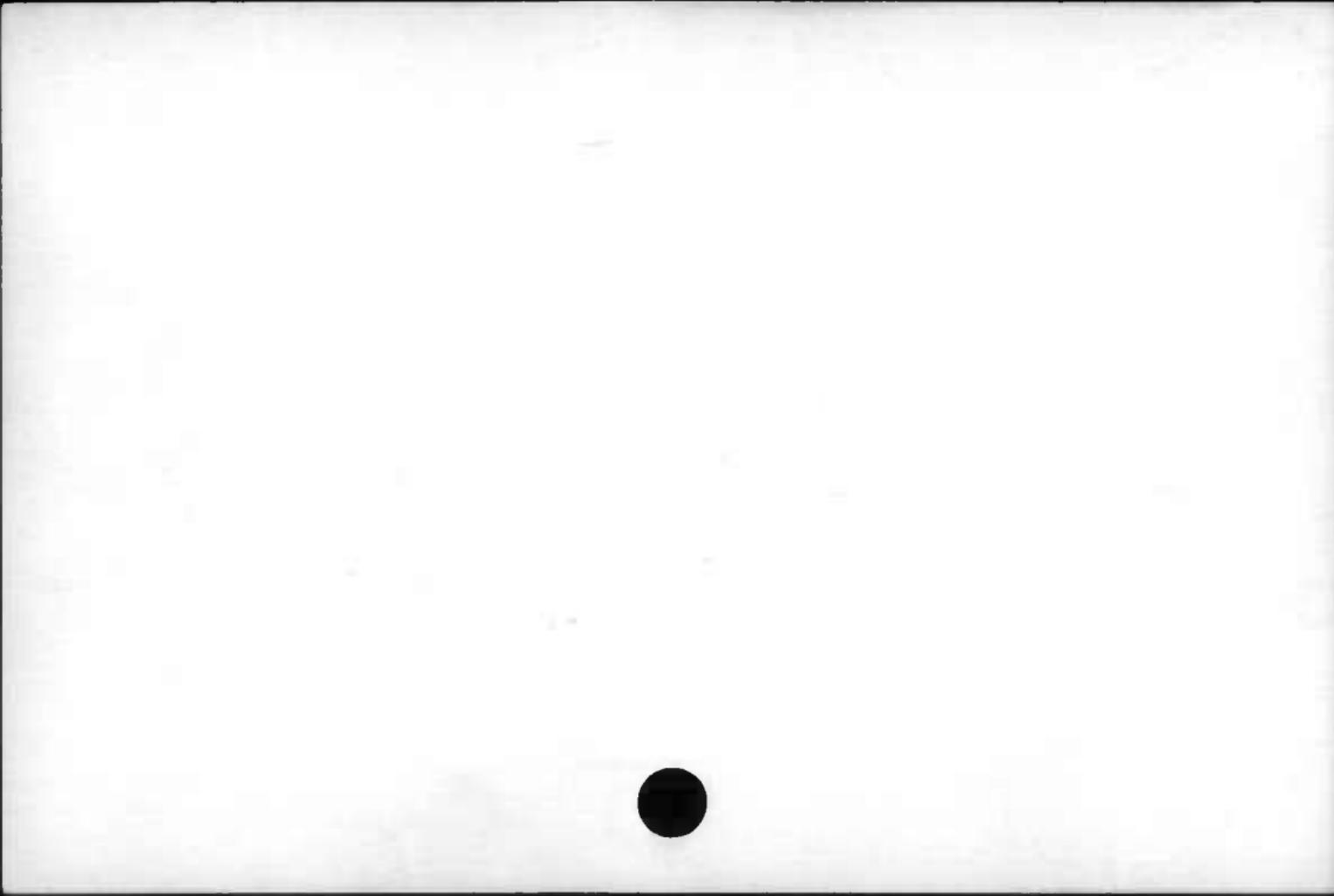
Accident or Suicide

Accident

172

How long

How long



Name
in
Full

not named *Henry*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

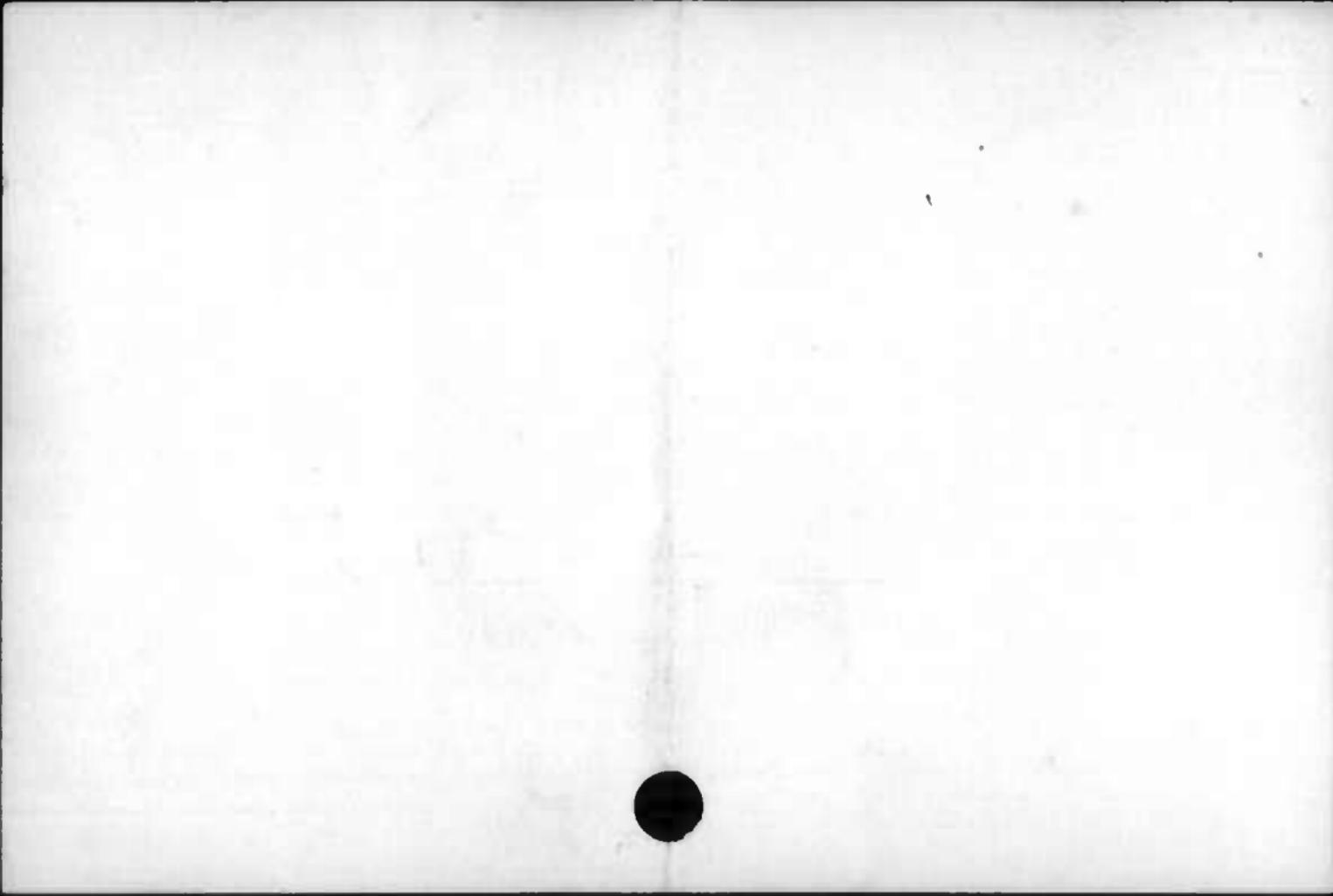
Died at <i>Rutledge</i>		County <i>Hargord</i>	MARYLAND	
Date of death <i>1908 Oct. 7</i>	Month <i>Oct.</i>	Day <i>7</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Rutledge, Md.</i>		
Occupation <i>none</i>	Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband			
Father's Name <i>John T. Isenock</i>	Father's Birthplace <i>Baltimore Co., Md.</i>			
Mother's Maiden Name <i>Victorine Cee</i>	Mother's Birthplace <i>Hargord Co., Md.</i>			
Name of person giving Information <i>John T. Isenock</i>	How related to deceased <i>Father</i>			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Open foramen ovale</i>	How long <i>1 hour</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. H. Emory M.D.</i> Address <i>Frankton, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Howard Matthew Lishy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

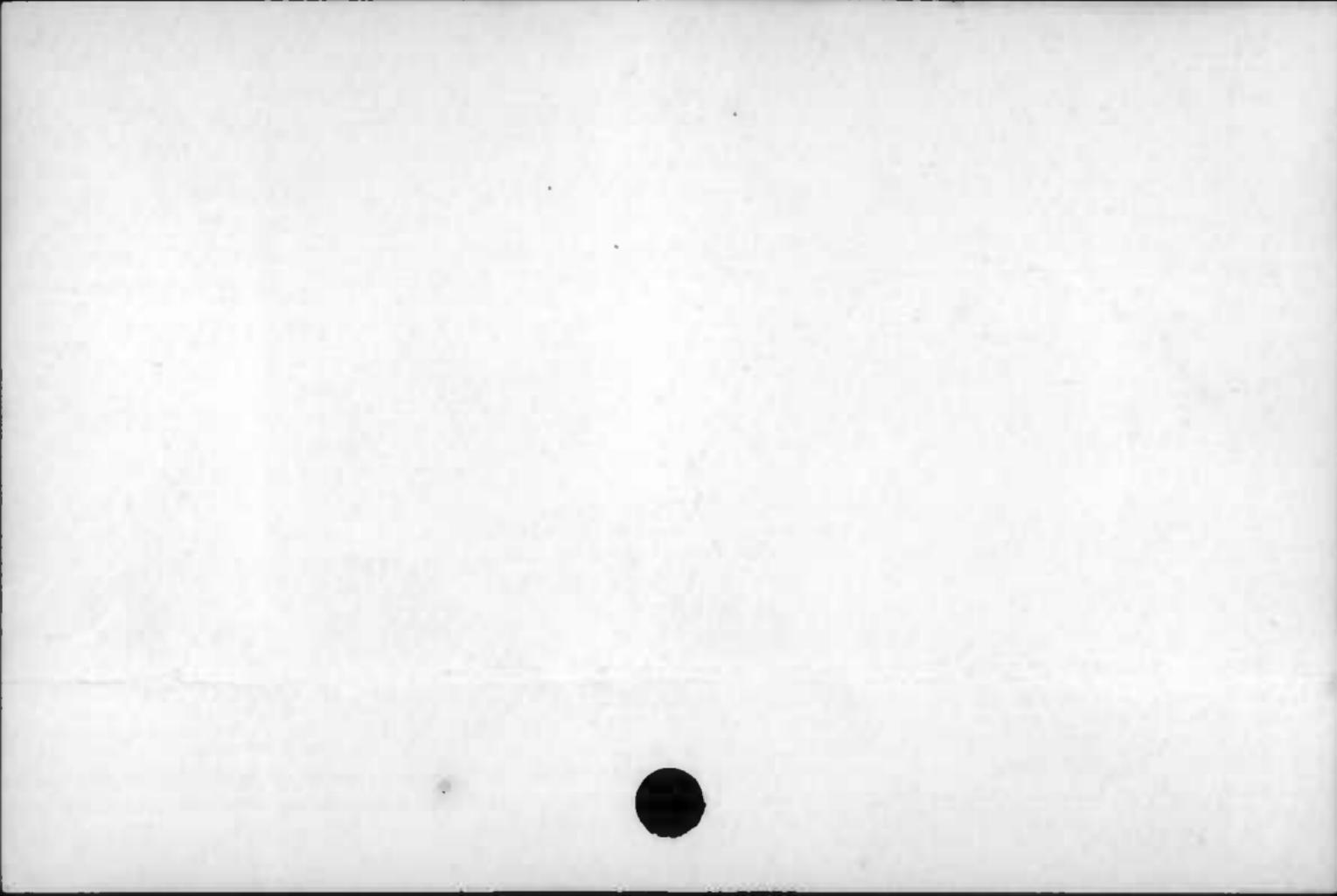
Died at	Town	County	MARYLAND		
Date of death 1908	Month Oct	Day 9	Years 20	Months 6	Days
Sex Male	Color or Race Black	Birth-place Maryland	at place of death		
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Charles Lishy	Father's Birthplace Maryland				
Mother's Maiden Name Annie Jones	Mother's Birthplace				
Name of person giving information Charles Lishy	How related to deceased Father				
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Address			
		J. W. Steinberg MD Hans de Gruy MD			

27

How long

How long

Accident or Suicide?



Name
in
Full

William Bathcart-McCormac

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Taylor</u>		County <u>Harford</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>October</u>	Day <u>5th</u>	Years <u>—</u>	2	Months <u>11</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birthplace <u>Taylor</u>		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name <u>Harry P. McCormac</u>				Father's Birthplace <u>Black House Md.</u>		
Mother's Maiden Name <u>Sidella Bathcart</u>				Mother's Birthplace " <u>Ind.</u>		
Name of person giving information <u>Harry P. McCormac</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

Primary

Malnutrition

How long

several weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

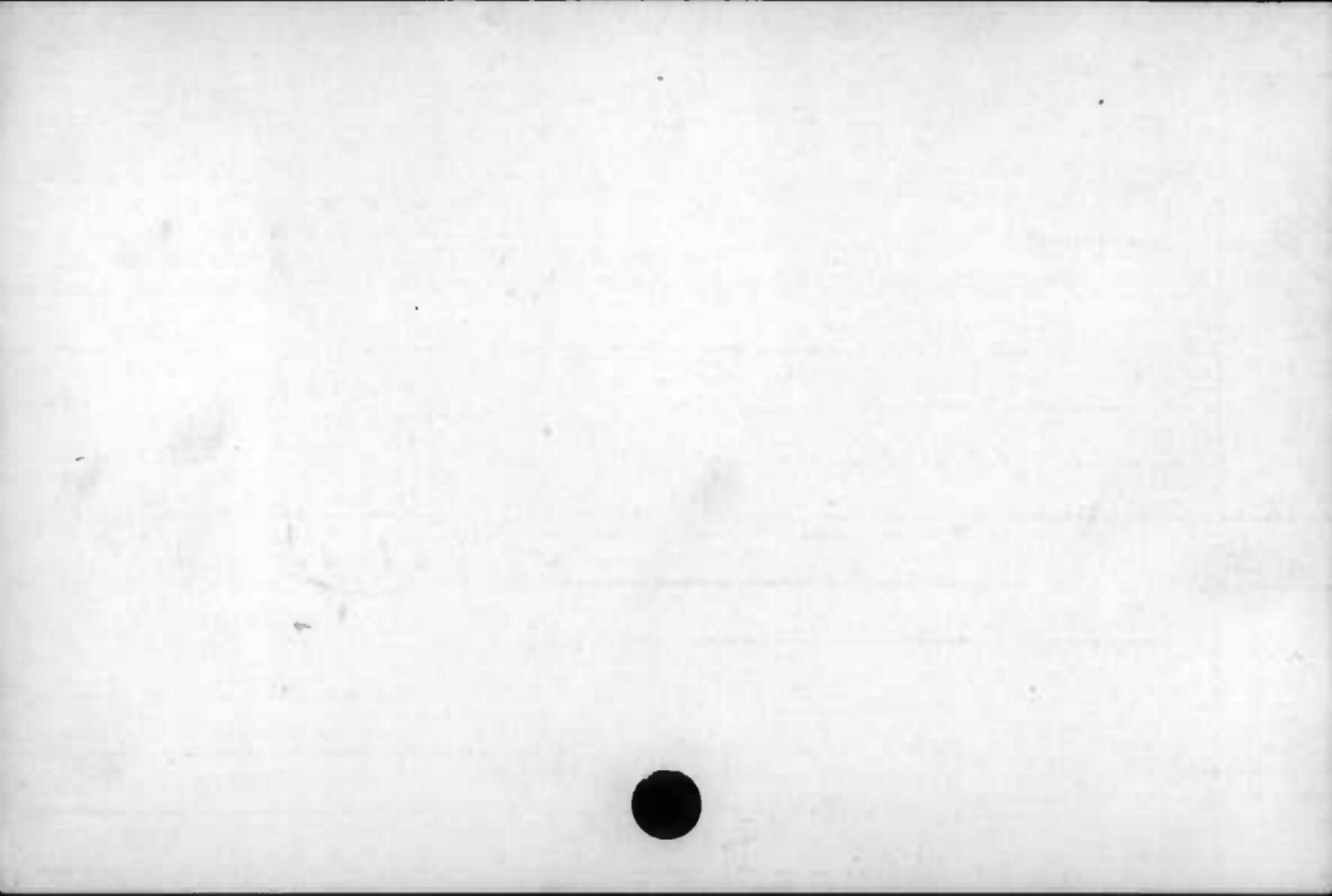
Signature of Physician

Address

H. F. Bradley

Jarrettsville Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Joseph M McGuirk

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month Oct	Day 3	Years 22	Months	Days	
Sex	Male	Color or Race	white		Birth-place	Md	
Occupation	clerk		Where Residing if not at place of death		Bel Air		
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Md	
Father's Name	Edward McGuirk				Mother's Birthplace	Md	
Mother's Maiden Name	Martha McKeney				How related to deceased	Aunt	
Name of person giving information	Mr A J Jones				79	How long	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac Hypertrophy

79

How long

Immediate

Broken Compensation

48 hours

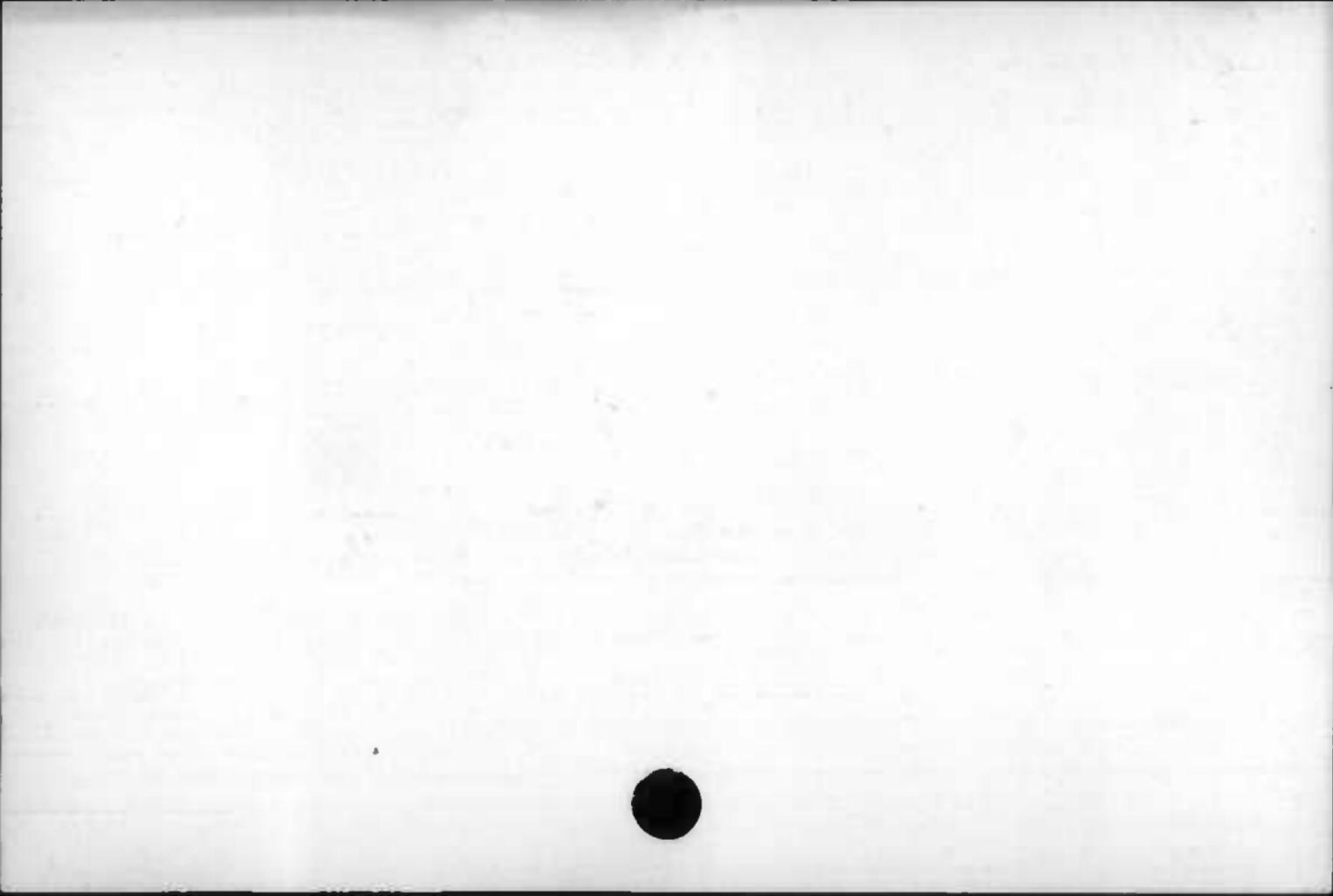
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Purcell & Sappins
Bel Air

Accident or Suicide?



Name
in
Full

Sarah A. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Oct	Day 20	Age 71	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place Near Aberdeen			
Occupation	House work	Where Residing if not at place of death		Near Churchill			
Married, Single or Widowed	Single	Name of Wife or Husband	J. B. Moore				
Father's Name	James Cole	Father's Birthplace		Unknown			
Mother's Maiden Name	Holzbill	Mother's Birthplace		Unknown			
Name of person giving Information	J. B. Moore	How related to deceased		Husband			

CAUSES OF DEATH

74

How long

18 months

How long

two weeks

PHYSICIAN
OR CORONER

Primary

Paroxysm of Brain

Immediate

Nervous prostration

Are the name, age, sex, color, date and place correctly given above?

Yes

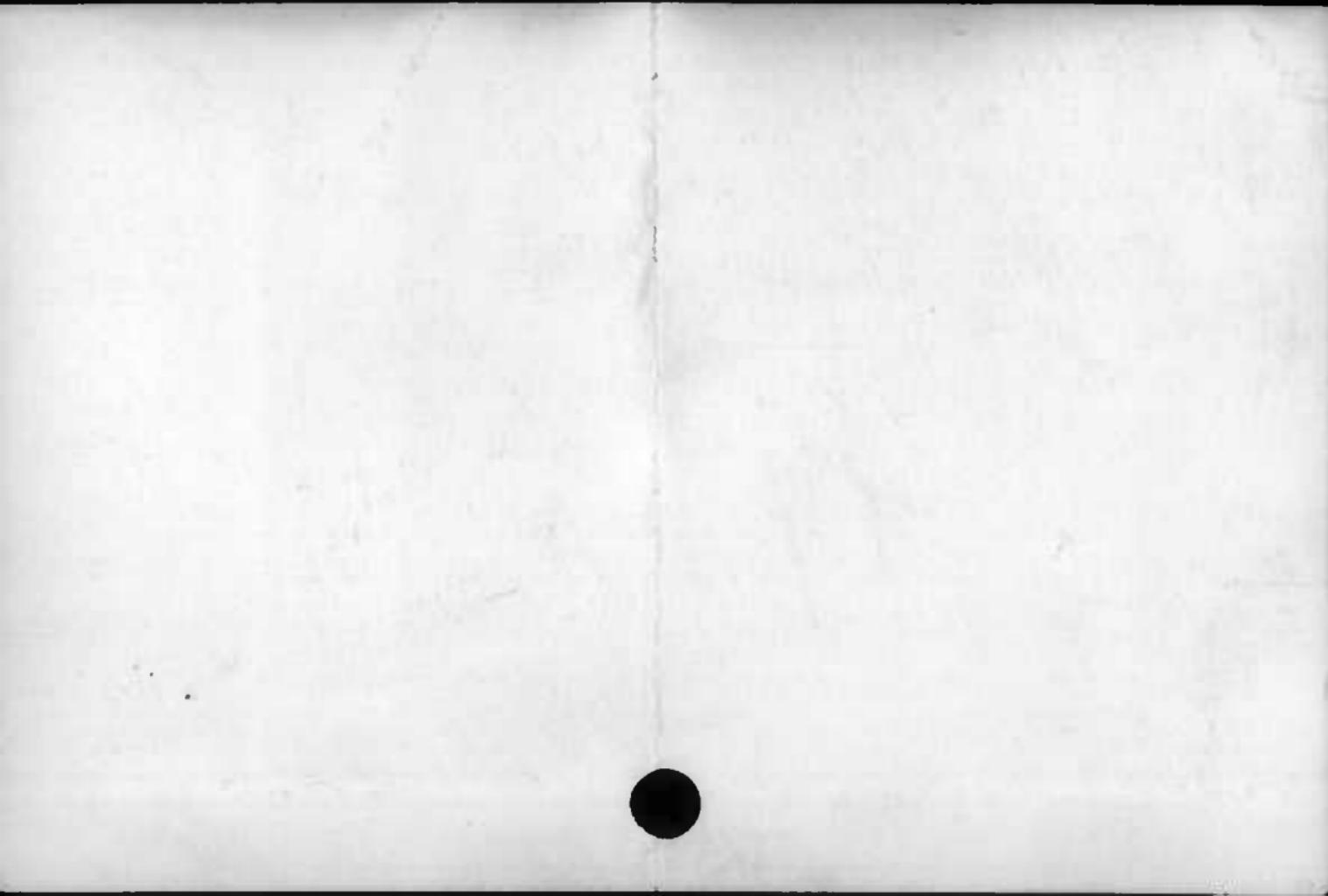
Signature of Physician

J. H. Roberts

Address

Churchville

Accident or Suicide?



Name
In
Full

Clarence H. Morris

CERTIFICATE OF DEATH

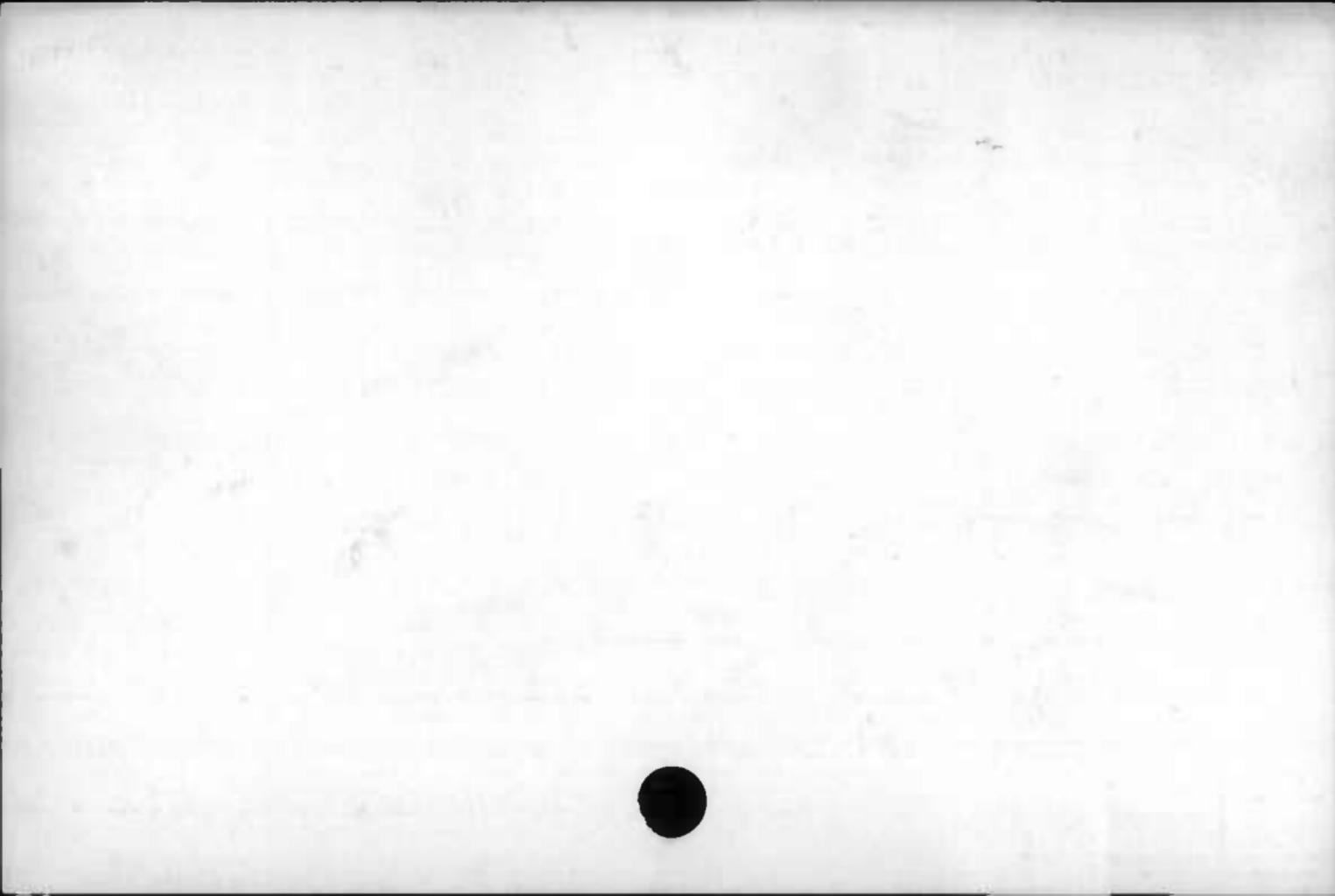
TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Whitford	County	MARYLAND
Date of death	1908	Month	Oct
Day	5	Age	Year
Sex	Male.	Color or Race	White.
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mid.
Father's Name	Walter Morris	Mother's Birthplace	Ph.
Mother's Maiden Name	Matti Harmon	How related to deceased	Father
Name of person giving Information	Walter Morris	151	
CAUSES OF DEATH			

PHYSICIAN
OR CORONER

Primary	Marasmus.	3 weeks.
Immediate	Marasmus.	3 weeks.
Are the name, age, sex, color, date and place correctly given above?	Yes.	How long
Accident or Suicide?	Signature of Physician Address	

H. Austin Delcher, M.D.
Cardiff,
W. I.



Name
in
Full

To BE ANSWERED BY
"NEAREST FRIEND."

PHYSICIAN
OR CORONER

Ethel Onida ~~Ellie~~ Gals

CERTIFICATE OF DEATH

MARYLAND

Died at Swan Creek		Town		County	
Date of death	1908	Month Oct	Day 1	Years	Months
Age				13	Days
Sex Female	Color or Race white	Birth-place		Swan Creek	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lend Oales		Father's Birthplace	Unstainable	
Mother's Maiden Name	Mernora Berkenbun		Mother's Birthplace	Unstainable	
Name of person giving information	Mernora Berkenbun		How related to deceased	Mother	

CAUSES OF DEATH

179

How long

How long

Primary

Artificial Food

Immediate

Massacres

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Al Cushing

Home de Grace

Accident or Suicide?

Name
in
Full

Henry Piper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1904	Month Oct.	Day 4 th	Year 53	Months	Days
Sex	Male	Color or Race	White		Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		Emmorton	
Married, Single or Widowed	Married	Name of Wife or Husband	Alberta Thompson		Father's Birthplace	Germany
Father's Name	Henry Piper				Mother's Birthplace	Germany
Mother's Maiden Name	Lizzie Delmar				How related to deceased	Nephew
Name of person giving information	Wm A. Hembuch				How long	160

CAUSES OF DEATH

Primary
Throat Cut-

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long 4 hours

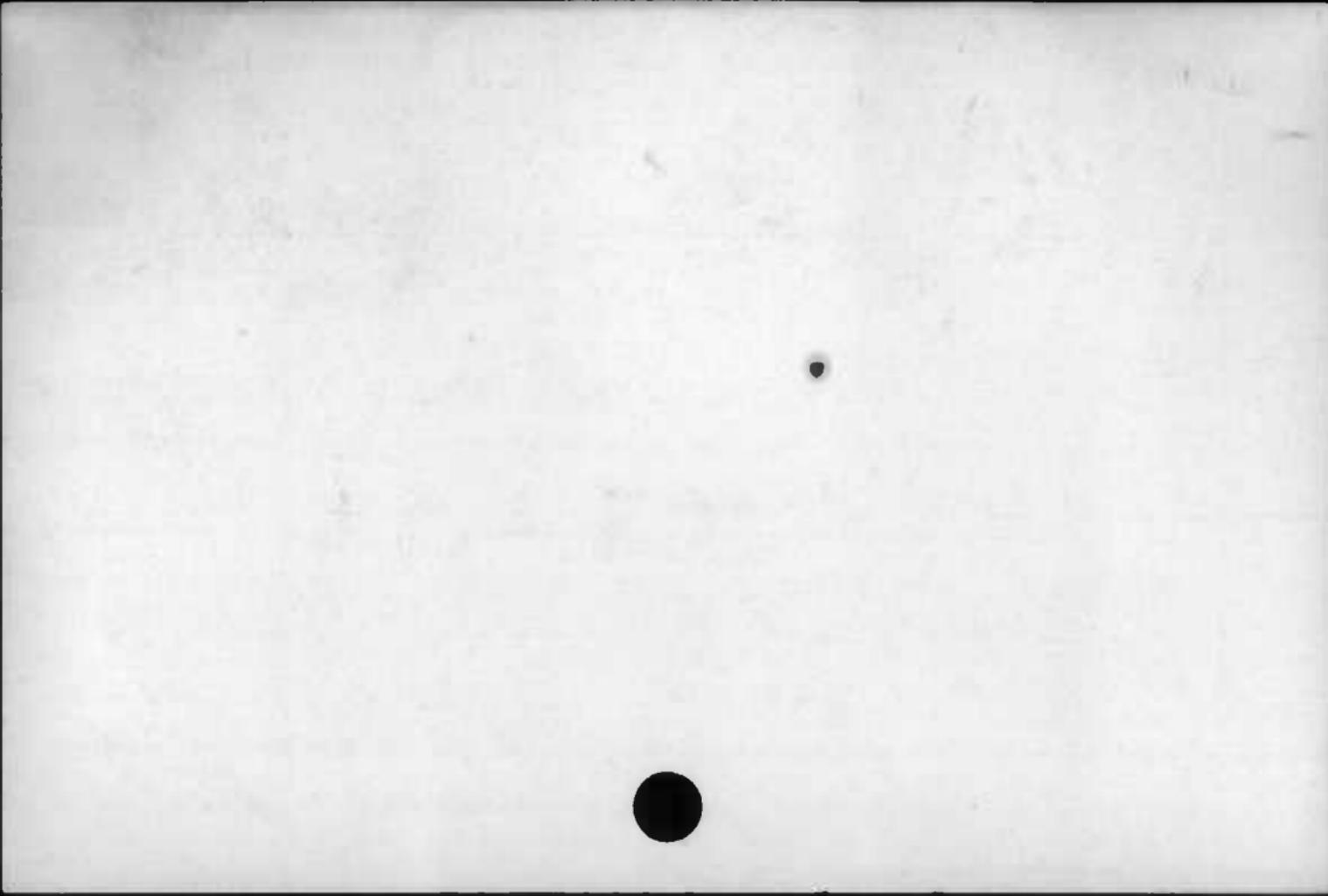
Leymus L Brown

Coroner

Abingdon Md.

Accident or Suicide?

Yes. Suicide



Name
in
Full

Charles Marvin Reeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1908	Month 6ct	Day 30	Years	Months 3
Sex	Male	Color or Race	white	Birth-place	Havre de Grace
Occupation	—			Where Residing if not at place of death Havre de Grace	
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	North East
Father's Name	Carl Reeder			Mother's Birthplace	—
Mother's Maiden Name	Julie Anderson			How related to deceased	Mother
Name of person giving information	Julie Reeder			179	How long Six weeks

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Margination

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

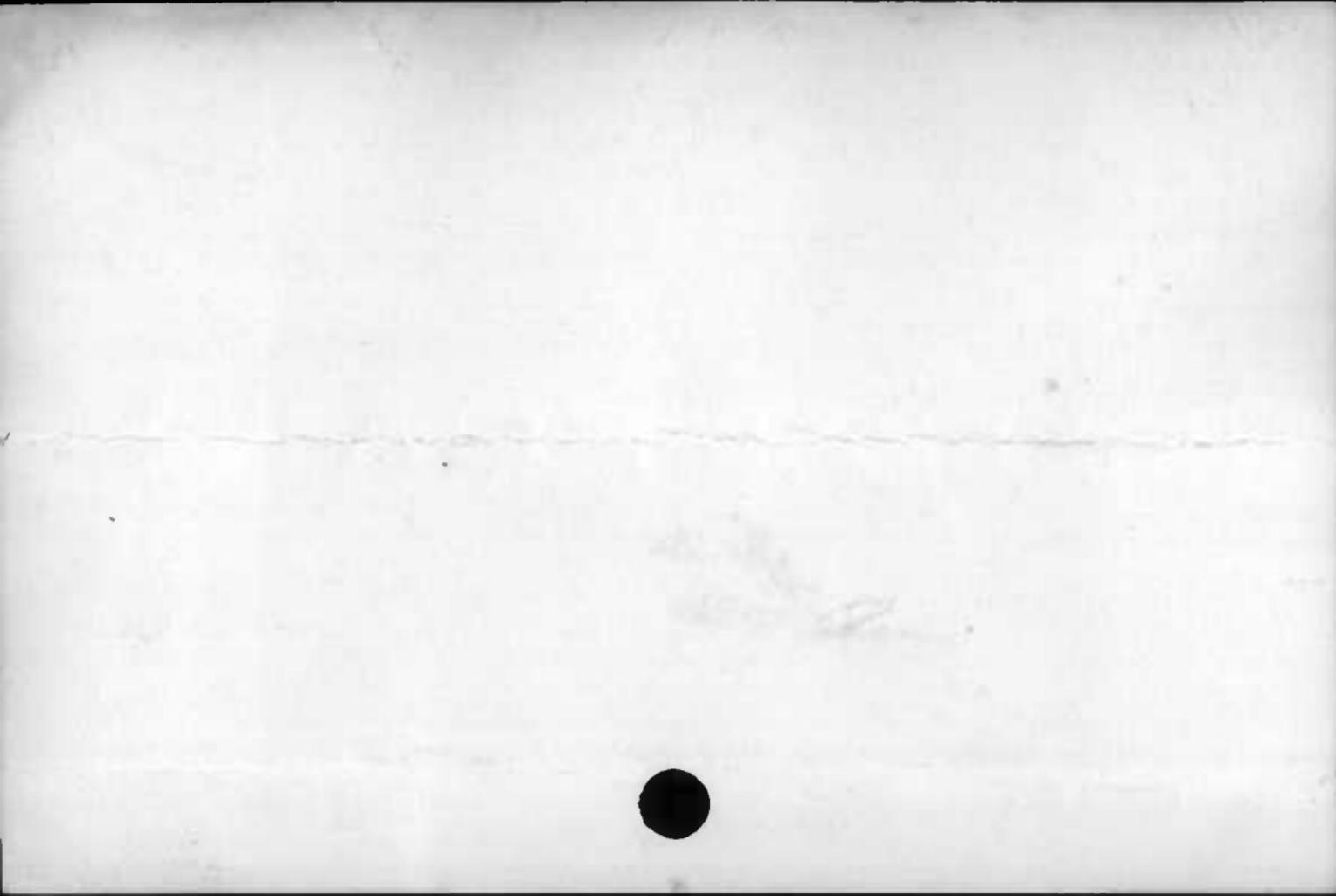
Signature of Physician

J.W. Steiner M.D.

Address

Havre de Grace
Maryland

Accident or Suicide?



Name
in
Full

Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	1908	Month	Day	Years	Months Days
Sex	Male	Color or Race	white	Birth-place	Starford cond Magawela
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Chas Robinson				
Mother's Maiden Name	Mara Dwayer				
Name of person giving information	Mrs J Dwayer				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born		How long
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
Accident or Suicide?			

(S)



Name
in
Full

Lydia Santmyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Kennebunk Grace	Barford			
Date of death	1908 Oct.	Month	Day	Years	Month	Day
Sax	Female	Color or Race	White	Age	49	10
Occupation	House Wife			Where Residing if not at place of death	Kennebunk Grace	
Married, Single or Widowed	Married	Name of Wife or Husband	Millard F. Santmyer			
Father's Name	Elijah Thompson			Father's Birthplace	Barford	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving Information	Millard F. Santmyer			How related to deceased	Husband	

CAUSES OF DEATH

178

How long

PHYSICIAN
OR CORONER

Primary

Don't Know

Immediate

Heart Disease

How long

Two months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R.W. Smith

846 S.

Kennebunk Grace

Accident or Suicide

Name
in
Full

Sarah Ann Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1908	Month Oct.	Day 7	Age 61	Years 9	Months 9	Days 4
Sex	Female		Color or Race	White		Birth-place Harford Co.	
Occupation	House keeper		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Hugh E. Spencer		Father's Birthplace		Harford Co.		
Mother's Maiden Name	Sarah Ann Way		Mother's Birthplace		Harford Co.		
Name of person giving information	Mary E. Spencer		How related to deceased		Sister		
CAUSES OF DEATH							
Primary	Pulmonary Phthisis		How long		Unknown		
Immediate	Accumulation of secretions in lungs.		How long		48 hrs.		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	F. E. Rigdon M.D.			
			Address	Jarrettville Ind.			
Accident or Suicide?							

27

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

					CERTIFICATE OF DEATH		
Died at		Town	Street		County	MARYLAND	
Date of death	1908	Month Oct	Day 24	Age 88	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	
Occupation	Housewife		Where Residing if not at place of death			Rockville	
Married, Single or Widowed	Married		Name of Wife or Husband	John G. Street			Father's Birthplace
Father's Name	John Denbow					Maryland	
Mother's Maiden Name	Elizabeth Street					Maryland	
Name of person giving information	Jas. S. Balder					How related to deceased	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Old age

How long

Immediate

Heart Failure

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. F. Bradley

Garretttsville

Md.

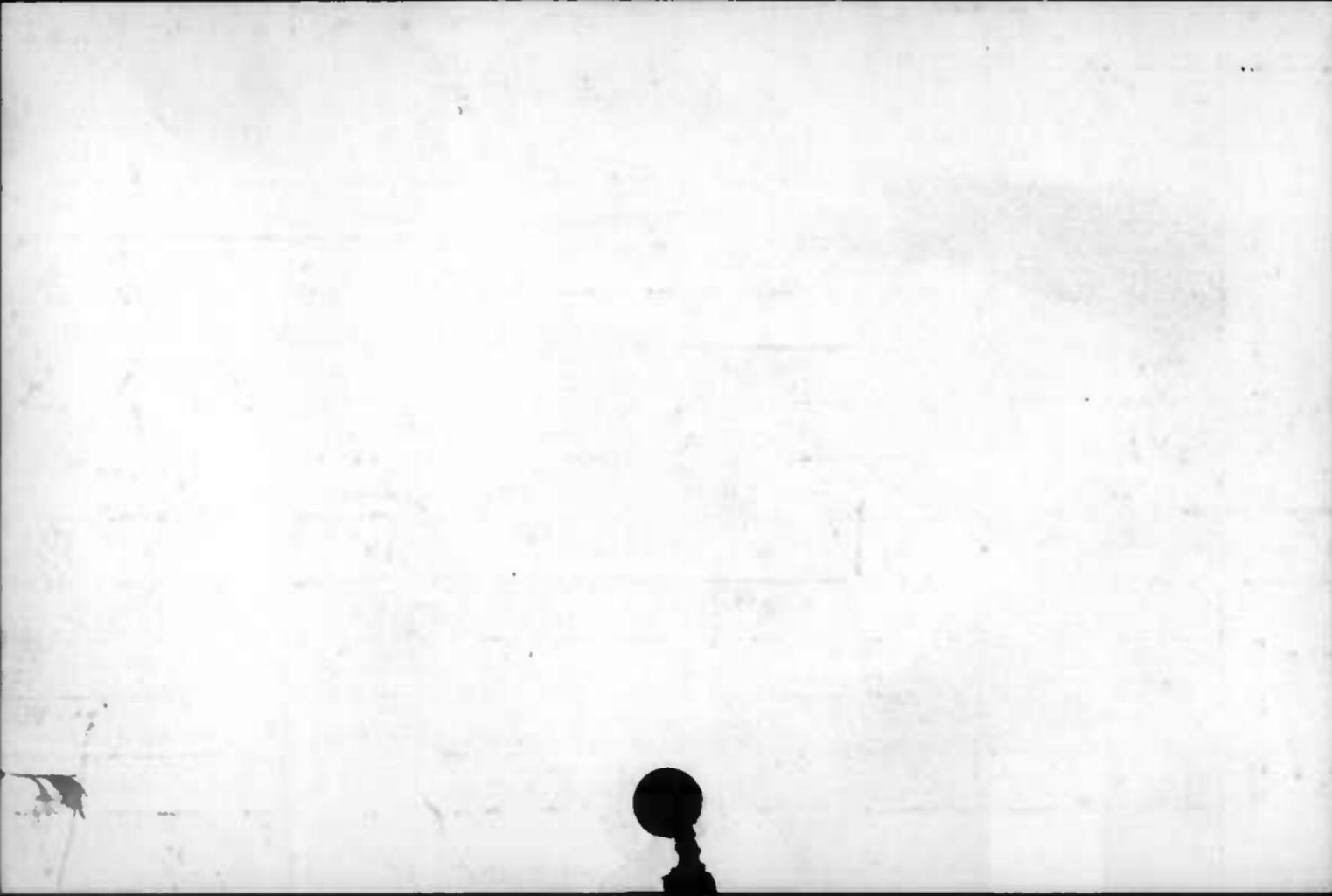
Accident or Suicide?

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Hall Ward					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death 1908	Month Oct	Day 31	Age 58	Years	Months	Days	
Sex Male	Color or Race White	Birth-place Md.					
Occupation Farmer	Where Residing if not at place of death Chestnut Hill						
Married, Single or Widowed	Name of Wife or Husband Martha E. Robinson	Father's Birthplace Pa.					
Father's Name John Ward	Mother's Birthplace Md.						
Mother's Maiden Name Hannah Hawkins	How related to deceased Son						
Name of person giving information Samuel H. Ward							
CAUSES OF DEATH							
Primary	Asthma Bronchial			120			
Immediate	Cn. Int. Respir. Disease			How long 7 years			
Are the name, age, sex, color, date and place correctly given above?				How long 3 days			
7 yrs				Signature of Physician	Purcell D. Dapperton		
				Address	Bel Air Md.		
Accident or Suicide?							



Name
in
Full

James Watson.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Oct.	Day 6	about Years 65 or 70.	Months	Days
Sex Male	Color or Race White	Birth-place unknown			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed Unknown	Name of Wife or Husband	Unknown			
Father's Name Unknown	Father's Birthplace Unknown				
Mother's Maiden Name do	Mother's Birthplace do				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

74

How long

2 or 3 years -

How long

2 or 3 days

PHYSICIAN
OR CORONER

Primary Cerebral tumor

Immediate Coma

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

G. F. Van Dine

Address

Bel Air

Accident or Suicide?

No.



Mary Turner Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Darlington		Town Harford		County		MARYLAND	
Date of death 1908	Month October	Day 22	Age 56	Years	Months	Days	—
Sex Female	Color or Race white			Birth- place Baltimore city			
Occupation Gentlewoman	Where Residing if not at place of death darlington						
Married, Single or Widowed Married	Name of Wife or Husband B. J. Williams			Father's Birthplace Balto city			
Father's Name Thomas Turner			Mother's Birthplace Balto city				
Mother's Maiden Name Annie Spillman			How related to deceased Husband				
Name of person giving Information B. J. Williams							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

valvular Heart Disease

Name

about two years

Immediate

Embarassed respiration from general droopy

How long

about 6 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Ephr^m HopkinsDarlington
Md

Accident or Suicide?



Name
in
Full

Nicholas Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Boles	County	MARYLAND	
Date of death	Month	1908 Oct	Day	Years	Months
Sex	Color or Race	Male	Black	Age	Days
Occupation	Where Residing if not at place of death	Farm Labour Bassie Wilson			
Married, Single or Widowed	Name of Wife or Husband	Married			
Father's Name	Father's Birthplace	Unknown Unknown			
Mother's Maiden Name	Mother's Birthplace	Unknown Unknown			
Name of person giving information	How related to deceased	Arthur Wilson Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cataract Gastritis

104

How long

Two months

Immediate

Heart failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

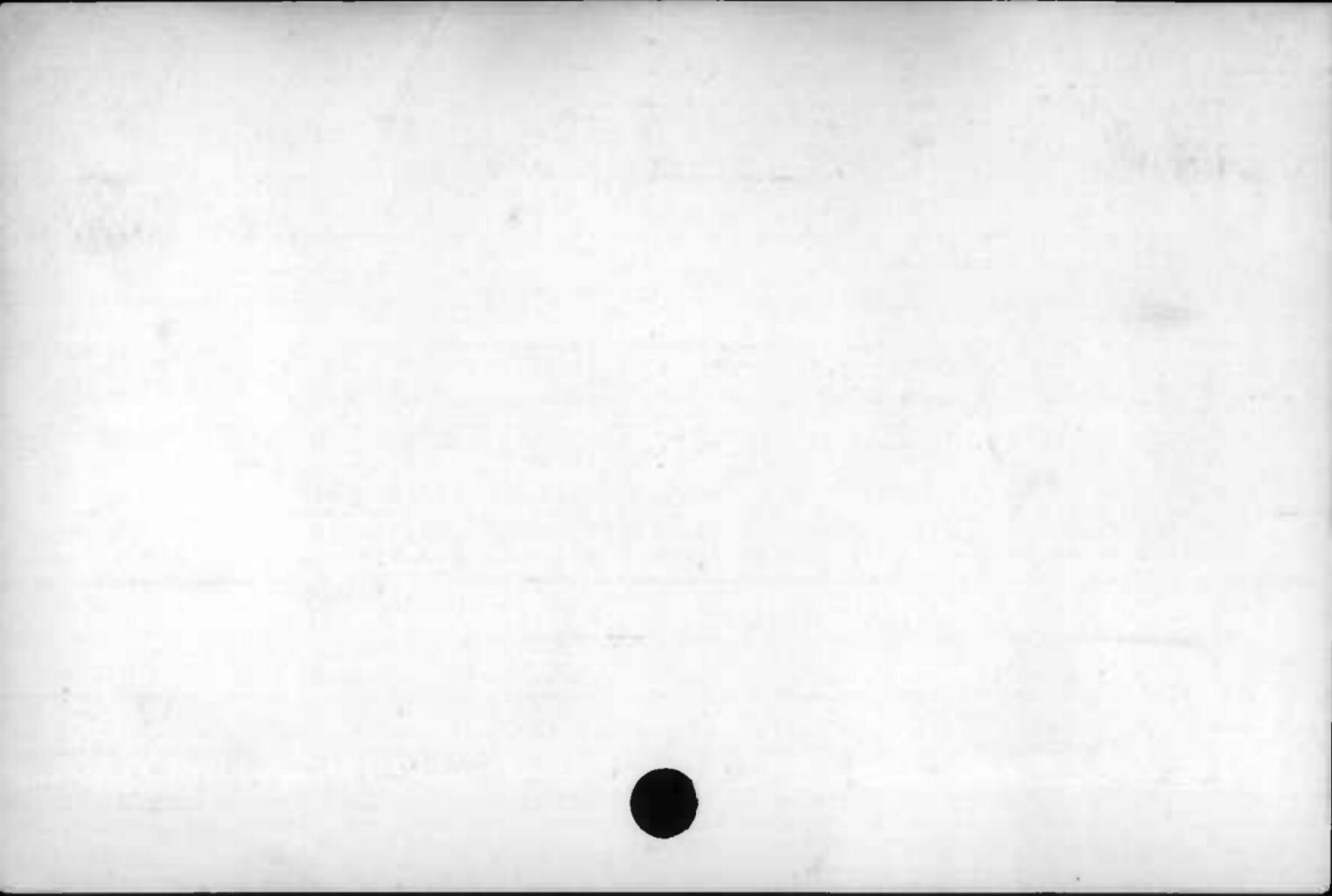
yes

Signature of Physician

Address

J. H. Wilson
Emergency
Md

Accident or Suicide?



Name
in
Full

Ridney Bronard Wyschgram

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Edgewood Town Harford County
Date 8 Oct Month Oct Day 21 Years 1 Months 7 Days 18
Sex Male Color or Race white Birth-place Harford Co
Married, Single or Widowed Infant Occupation —
Name of Wife or Husband —
Father's Name Bronard J Wyschgram Father's Birthplace Baltimore
Mother's Maiden Name Josephine Parmer Mother's Birthplace Baltimore
Name of person giving information Bronard J Wyschgram How related to deceased Father

CAUSES OF DEATH

179

Primary

Marasmus

How long

2 months

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Charles Roth

Edgewood Md.

Accident or Suicide?

